

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BH	864	11-15-01
RESPONSE FORMALITY REVIEW	824	827	01-30-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11/15/01
2	✓	✓	11/15/01
3	✓	✓	11/15/01
4	✓	✓	11/15/01
5	✓	✓	11/15/01
6	✓	✓	11/15/01
7	✓	✓	11/15/01
8	✓	✓	11/15/01
9	✓	✓	11/15/01
10	✓	✓	11/15/01
11	✓	✓	11/15/01
12	✓	✓	11/15/01
13	✓	✓	11/15/01
14	✓	✓	11/15/01
15	✓	✓	11/15/01
16	✓	✓	11/15/01
17	✓	✓	11/15/01
18	✓	✓	11/15/01
19	✓	✓	11/15/01
20	✓	✓	11/15/01
21	✓	✓	11/15/01
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25	✓	✓	11/15/01
26	✓	✓	11/15/01
27	✓	✓	11/15/01
28	✓	✓	11/15/01
29	✓	✓	11/15/01
30	✓	✓	11/15/01
31	✓	✓	11/15/01
32	✓	✓	11/15/01
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42	✓	✓	11/15/01
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44	✓	✓	11/15/01
45	✓	✓	11/15/01
46	✓	✓	11/15/01
47	✓	✓	11/15/01
48	✓	✓	11/15/01
49	✓	✓	11/15/01
50	✓	✓	11/15/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

11-15-01
a22